

Registration District No. 167

Primary Registration District No. 5607

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Kingsville Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #1, Kingsville, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1, Kingsville, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2 months

3. (a) PRINT FULL NAME JIMMIE DARLENE SHULL

(b) If veteran, name war XXXX
(c) Social Security No. XXXX

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced infant

(b) Name of husband or wife XXXX
(c) Age of husband or wife if alive XXX years

7. Birth date of deceased September 24, 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
no 2 14 XX hr. XX min.

9. Birthplace Holden, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business XXXX

MOTHER FATHER

12. Name Stax G. C. Shull

13. Birthplace Kingsville, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Kathryn Platter

15. Birthplace Holden, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant G. C. Shull

(b) Address Kingsville, Missouri

17. (a) Burial (b) Date thereof 12/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director Canada and Ropp

(b) Address Holden, Missouri

19. (a) Dec 18, 1946 (b) Mrs G. V. Redford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1946 hour 9:45 minute P M.

21. I hereby certify that I attended the deceased from Dec 2, 1946, to Dec 8, 1946
that I last saw her alive on Dec 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute mastoiditis
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Kelly Rawlins (M. D. or other)

Address Holden, Mo. Date signed 12/10/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

M L Curdsey

Licensed Embalmer No. *2424*

P. O. Address.....

Halden, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.